

and policy statements for use by Agency employees in responding to print media questions; tracks issues of potential interest to the media.

Coordinates the research and drafting of major public statements by the Commissioner, including transmittal documents and supportive statements for use in transactions with the Department, other agencies, and the White House; provides editorial consultation and review for manuscripts, articles, and speeches written by the staff offices serving the Commissioner to ensure consistency of information and policy interpretation and maintains mailing lists for these documents.

Compiles, publishes, and distributes the weekly FDA Enforcement Report and the FDA Public Calendar; maintains the FDA Daily Clipping Service and FDA's electronic bulletin board; and coordinates the Daily Media Report.

Broadcast Media Staff (HFAJG)

Advises and assists top level Agency officials on electronic media matters involving mass media communications.

Plans, develops, and implements Agencywide broadcast media strategies for disseminating regulatory and educational materials to the public through the mass media.

Serves as the Agency focal point for preparing, clearing, and disseminating electronic media requests representing Agency policy and responding to electronic media inquiries; maintains liaison with broadcast media contacts.

Establishes policy for and coordinates all broadcast media information activities, including on-camera interviews and responses to media inquiries; prepares position and policy statements for use by Agency employees in responding to broadcast media questions; tracks issues of potential interest to the media.

Plans and coordinates all broadcast media training for the Agency.

Under Section HF-D, Delegation of Authority

Pending further delegations, directives, or orders by the Commissioner of Food and Drugs, all delegations of authority to officers or employees of the Office of Public Affairs in effect prior to this date shall continue in effect in them or their successors.

Dated: February 10, 1995.

David A. Kessler,

Commissioner of Food and Drugs.

[FR Doc. 95-4796 Filed 2-27-95; 8:45 am]

BILLING CODE 4160-01-M

National Institutes of Health

Consensus Development Conference on Cochlear Implants in Adults and Children

Notice is hereby given of the NIH Consensus Development Conference on "Cochlear Implants in Adults and Children," which will be held May 15-17, 1995, in the Natcher Conference Center of the National Institutes of Health, 9000 Rockville Pike, Bethesda, Maryland 20892. The conference begins at 8:30 a.m. on May 15, at 8 a.m. on May 16, and at 9 a.m. on May 17.

Cochlear implants are effective options in habilitation and rehabilitation of individuals with profound hearing impairment. The vast majority of adults who are deaf and have cochlear implants derive substantial benefit from them when they are used in conjunction with speechreading, and a considerable number of implanted individuals can understand speech without visual clues. Benefits have also been observed in children including those who lost their hearing prelingually.

The NIH sponsored a Consensus Development Conference on Cochlear Implants in 1988. Since then, implant technology has been continually improved. Questions unanswered at this time have now been resolved. However, new issues have emerged that must be addressed. For example, the performance of some severely to profoundly hearing-impaired adults using hearing aids is poorer than that of even more severely hearing-impaired individuals using cochlear implants with advanced speech processing strategies. Therefore, the criteria for implantation should be re-examined. Prediction of implant efficacy in a specific individual remains a problem, and agreement does not exist on the definition of a successful implant user. Surgical and other risks and possible long-term effects of cochlear implants require evaluation.

Implantation of individuals with multiple disabilities, the elderly, and children, particularly children who are prelingually deaf, engender special questions. What educational setting is best for the development of speech and language in children who are deaf and have a cochlear implant? Are cochlear implants efficacious in children who are prelingually deaf?

This conference will bring together specialists in auditory anatomy and physiology, otolaryngology, audiology, aural rehabilitation, education, speech and language pathology and other

related disciplines as well as representatives from the public.

After 1½ days of presentations and audience discussion, an independent, non-Federal consensus panel will weigh the scientific evidence and write a draft statement that it will present to the audience on the third day. The consensus statement will address the following key questions:

- * What factors affect the auditory performance of cochlear implant recipients?
- * What are the benefits and limitations of cochlear implantation?
- * What are the technical and safety considerations of cochlear implantation?
- * Who is a candidate for cochlear implantation?
- * What are the directions for future research on cochlear implantation?

The primary sponsors for this conference are the National Institute on Deafness and Other Communication Disorders and the NIH Office of Medical Applications of Research. The conference is cosponsored by the National Institute on Aging, the National Institute of Child Health and Human Development, and the National Institute of Neurological Disorders and Stroke. This is the 100th Consensus Development Conference held by NIH since the establishment of the Consensus Development Program in 1977.

On the second day of the conference, time has been allocated for 5-minute formal oral presentations by concerned individuals or organizations. Those individuals or groups wishing to send a representative to contribute during this session must contact Ms. Elsa Bray by 5 p.m. eastern time, May 1, 1995 at: Office of Medical Applications of Research, National Institutes of Health, Federal Building, Room 618, 7550 Wisconsin Avenue MSC9120, Bethesda, Maryland 20892-9120, phone (301) 496-1144. If the number of requests exceeds the slots available, presenters will be chosen by lot, and those selected will be notified by May 5, 1995.

Advance information on the conference program and conference registration materials may be obtained from: Ann Besignano, Technical Resources International, Inc., 3202 Tower Oaks Blvd., Suite 200, Rockville, Maryland 20852, (301) 770-3153.

The consensus statement will be submitted for publication in professional journals and other publications. In addition, the consensus statement will be available beginning May 17, 1995 from the NIH Consensus Program Information Service, P.O. Box 2577, Kensington, Maryland 20891,

phone 1-800-NIH-OMAR (1-800-644-6627).

Dated: February 9, 1995.

Ruth L. Kirschstein,

Deputy Director, NIH.

[FR Doc. 95-4823 Filed 2-27-95; 8:45 am]

BILLING CODE 4140-01-M

Substance Abuse and Mental Health Services Administration

Grant to the Farm Resource Center

AGENCY: Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), HHS.

ACTION: Planned single-source award to support mental health outreach to coal miners, farmers, and their families.

SUMMARY: This notice is to provide information to the public concerning a planned single-source award by the CMHS/SAMHSA to the Farm Resource Center (FRC) of Cairo, Illinois, to fund the "MH Outreach to Coal Miners, Farmers, and Families" project. Upon receipt of a satisfactory grant application that is recommended for approval by an Initial Review Group and the CMHS National Advisory Council, approximately \$600,000 in Federal funds will be made available to the FRC to carry out a 1-year project.

This is not a formal request for applications. Grant funds will be provided only to the FRC.

Authority/Justification: This grant will be made under the authority of Section 520A of the Public Health Service Act (42 USC 290bb-32).

An award is being made on a single-source basis in response to House and Senate Appropriation Subcommittees language contained in H.R. Report 103-553 and S. Report 103-318 instructing the agency to provide funding for two pilot projects to provide outreach counseling services to families of coal miners. A grant is the appropriate mechanism to fund this activity since support will be provided for a public purpose and agency involvement in the actual conduct of the activity is not required.

The FRC has provided mental health and substance abuse outreach services in rural Illinois since 1986. FRC has provided counseling to farmers, coal miners and their families, established a statewide hotline, and utilized outreach counselors to work with rural families in their homes to address problems such as depression, financial stress, alcoholism, and domestic violence.

The FRC is uniquely qualified to carry out the aims of this project in that it has

the distinction of being the only organization with extensive experience in linking coal miners, farmers, and their families with mental health services. Further, because of their years of experience and organizational readiness, the project can be implemented with a minimal start-up time. The FRC has in place mechanisms to recruit, train, and dispatch volunteers to provide outreach and counseling to the target population. Moreover, FRC's trained staff have a long history of working closely with State or regional associations of the United Mine Workers of America, Association of Public Health Administrators, the Easter Seal Society, and the Association of Community Mental Health Agencies.

Background: A significant portion of the adult population in the United States reports experiencing personal or emotional problems in the course of a year. Half of these people say they are unable to solve their problems, and approximately one-third report they are unable to do anything to make their problems more bearable. Yet relatively few seek help. Thus, outreach services are important to engage more persons into appropriate services. Outreach, when carried out aggressively, can engage and empower coal miners, farmers, and their families by giving them access to needed mental health services.

The effects of economic stress are pervasive in rural areas, and coal miners, farmers, and their families have been particularly hard hit. Unemployment and underemployment have resulted in a high incidence of problems including alcohol/drug abuse, family violence, depression, suicides, and other stress-related symptoms.

This grant is intended to address the mental health needs of a wide range of rural population groups including the poor, the elderly, the disabled, women (particularly those of child bearing age), and minority populations in Illinois and West Virginia. It will enhance effective service utilization in five areas by:

- (1) Expanding the mental health service capacity in communities to serve persons in the target population;
- (2) Increasing access to existing mental health and related support services;
- (3) Increasing utilization of existing mental health and related support services;
- (4) Developing effective public education efforts to address mental health and substance abuse issues; and
- (5) Providing family-centered outreach in the cultural context that is most appropriate for the client and family involved.

The proposed project will serve as a national demonstration site on the development and implementation of outreach to rural families who are experiencing mental illnesses or are at risk of developing mental illnesses.

Dated: February 21, 1995.

Richard Kopanda,

Acting Executive Officer, SAMHSA.

[FR Doc. 95-4845 Filed 2-27-95; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[ID-030-05-1430-01; IDI-31091]

Intent To Prepare a Plan Amendment to the Medicine Lodge Resource Management Plan (RMP); Proposed Sale of Public Land in Jefferson County, ID

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of Intent to Prepare a Plan Amendment to the Medicine Lodge Resource Management Plan (RMP); Proposed Sale of Public Land in Jefferson County, Idaho.

SUMMARY: Pursuant to 43 CFR part 1600, the Idaho Falls office of the Bureau of Land Management proposes to amend the Medicine Lodge RMP to identify a portion of the following described public land as suitable for disposal. The land, located in Jefferson County, Idaho, will be examined for possible disposal by direct sale to the City of Mud Lake.

Boise Meridian, Idaho

T. 6 N., R. 34 E., BM
Sec. 18, lot 10, NE¼.

The land being considered for sale is approximately 40 to 50 acres. A Cadastral survey would be required to determine the exact acreage and legal description.

DATES: Comments concerning the plan amendment must be received no later March 30, 1995.

ADDRESSES: Written comments concerning the plan amendment may be sent to the BLM Associate District Manager, 940 Lincoln Road, Idaho Falls, ID 83401.

FOR FURTHER INFORMATION CONTACT: Additional information may be obtained by contacting Bruce Bash, Realty Specialist, at the above address, or by calling 208-524-7521.

SUPPLEMENTARY INFORMATION: The amendment would change the land designation, of about 40-50 acres, from retention status to transfer status. The following resources would be considered in preparation of the